

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000099296

FILED  
Jun 12, 2012  
Secretary of State

**Entity Name:** WILLIAM GLOVER, III D.M.D., P.A.

**Current Principal Place of Business:**

1507 S. HIAWASSEE RD  
209  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

1507 S. HIAWASSEE RD  
209  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 59-2963077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GLOVER, WILLIAM III  
1507 S. HIAWASSEE RD  
209  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GLOVER, WILLIAM III  
Address: 1507 S. HIAWASSEE RD SUITE 209  
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM GLOVER III, DMD, PA

OWNE

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date